MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
09769968	01-26-0

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51							
2		1		1			52							
3				1			53							
4				1			54							
5				1			55							
6				1			56							
7	1		1				57							
8				1			58							
9				1			59							
10				1			60							
11				1			61							
12		1		1			62							
13	1		1				63							
14				1			64							
15				1			65							
16				1			66							
17				1			67							
18		1		1			68							
19							69							
20							70							
21							71							
22							72							
23							73							
24							74							
25							75							
26							76							
27							77							
28							78							
29							79							
30							80							
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35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	3		3				TOTAL IND.							
TOTAL DEP.	15		15				TOTAL DEP.							
TOTAL CLAIMS	18		18				TOTAL CLAIMS							

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS